

County: Outagamie  
ST. PAUL HOME  
316 EAST 14TH STREET

KAUKAUNA 54130 Phone: (920) 766-6020  
Operated from 1/1 To 12/31 Days of Operation: 365  
Operate in Conjunction with Hospital? No  
Number of Beds Set Up and Staffed (12/31/01): 129  
Total Licensed Bed Capacity (12/31/01): 129  
Number of Residents on 12/31/01: 127

Facility ID: 8500

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Ownership:  
Highest Level License: Nonprofit Church/Corporation  
Operate in Conjunction with CBRF? Skilled  
Title 18 (Medicare) Certified? Yes  
Title 19 (Medicaid) Certified? Yes  
Average Daily Census: 126

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		34.6
Supp. Home Care-Personal Care	No					1 - 4 Years		45.7
Supp. Home Care-Household Services	No	Developmental Disabilities	0.8	Under 65	0.8	More Than 4 Years		19.7
Day Services	No	Mental Illness (Org./Psy)	32.3	65 - 74	5.5			-----
Respite Care	No	Mental Illness (Other)	2.4	75 - 84	28.3			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	55.1	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.8	95 & Over	10.2	Full-Time Equivalent		
Congregate Meals	No	Cancer	0.0		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	0.8		100.0	(12/31/01)		
Other Meals	No	Cardiovascular	5.5	65 & Over	99.2	-----		
Transportation	No	Cerebrovascular	22.0		-----	RNs		9.0
Referral Service	No	Diabetes	5.5	Sex	%	LPNs		3.3
Other Services	Yes	Respiratory	6.3		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	23.6	Male	25.2	Aides, & Orderlies		
Mentally Ill	No		-----	Female	74.8			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

	Medi care (Title 18)			Medi caid (Title 19)			Other		Private Pay			Family Care		Managed Care						
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of All
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	8	100.0	275	71	87.7	104	0	0.0	0	32	84.2	158	0	0.0	0	0	0.0	0	111	87.4
Intermediate	---	---	---	10	12.3	86	0	0.0	0	6	15.8	158	0	0.0	0	0	0.0	0	16	12.6
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	8	100.0		81	100.0		0	0.0		38	100.0		0	0.0		0	0.0		127	100.0

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				
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Percent Admissions from		Activities of	%	% Needing Assistance of	% Totally Dependent	Total Number of Residents
Private Home/No Home Health	9.3	Daily Living (ADL)	Independent	One Or Two Staff		
Private Home/With Home Health	0.0	Bathing	0.0	89.0	11.0	127
Other Nursing Homes	9.3	Dressing	6.3	87.4	6.3	127
Acute Care Hospitals	64.8	Transferring	21.3	70.9	7.9	127
Psych. Hosp. -MR/DD Facilities	0.0	Toilet Use	16.5	70.9	12.6	127
Rehabilitation Hospitals	0.9	Eating	43.3	51.2	5.5	127
Other Locations	15.7	*****				
Total Number of Admissions	108	Continence	%	Special Treatments		%
Percent Discharges To:		Indwelling Or External Catheter	5.5	Receiving Respiratory Care		10.2
Private Home/No Home Health	22.4	Occ/Freq. Incontinent of Bladder	48.0	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	6.5	Occ/Freq. Incontinent of Bowel	18.1	Receiving Suctioning		0.0
Other Nursing Homes	0.9			Receiving Ostomy Care		0.8
Acute Care Hospitals	3.7	Mobility		Receiving Tube Feeding		2.4
Psych. Hosp. -MR/DD Facilities	0.0	Physically Restrained	3.1	Receiving Mechanically Altered Diets		29.1
Rehabilitation Hospitals	0.0					
Other Locations	11.2	Skin Care		Other Resident Characteristics		
Deaths	55.1	With Pressure Sores	3.1	Have Advance Directives		90.6
Total Number of Discharges		With Rashes	9.4	Medications		
(Including Deaths)	107			Receiving Psychoactive Drugs		52.0

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Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

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	This Facility %	Ownership: Nonprofit Peer Group %	Ratio	Bed Size: 100-199 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	97.7	89.4	1.09	83.8	1.17	84.3	1.16	84.6	1.15
Current Residents from In-County	80.3	82.7	0.97	84.9	0.95	82.7	0.97	77.0	1.04
Admissions from In-County, Still Residing	32.4	25.4	1.28	21.5	1.51	21.6	1.50	20.8	1.56
Admissions/Average Daily Census	85.7	117.0	0.73	155.8	0.55	137.9	0.62	128.9	0.66
Discharges/Average Daily Census	84.9	116.8	0.73	156.2	0.54	139.0	0.61	130.0	0.65
Discharges To Private Residence/Average Daily Census	24.6	42.1	0.58	61.3	0.40	55.2	0.45	52.8	0.47
Residents Receiving Skilled Care	87.4	93.4	0.94	93.3	0.94	91.8	0.95	85.3	1.02
Residents Aged 65 and Older	99.2	96.2	1.03	92.7	1.07	92.5	1.07	87.5	1.13
Title 19 (Medicaid) Funded Residents	63.8	57.0	1.12	64.8	0.98	64.3	0.99	68.7	0.93
Private Pay Funded Residents	29.9	35.6	0.84	23.3	1.28	25.6	1.17	22.0	1.36
Developmentally Disabled Residents	0.8	0.6	1.26	0.9	0.90	1.2	0.67	7.6	0.10
Mentally Ill Residents	34.6	37.4	0.93	37.7	0.92	37.4	0.93	33.8	1.03
General Medical Service Residents	23.6	21.4	1.10	21.3	1.11	21.2	1.11	19.4	1.22
Impaired ADL (Mean)	45.8	51.7	0.89	49.6	0.92	49.6	0.92	49.3	0.93
Psychological Problems	52.0	52.8	0.98	53.5	0.97	54.1	0.96	51.9	1.00
Nursing Care Required (Mean)	6.9	6.4	1.08	6.5	1.06	6.5	1.06	7.3	0.94